

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard – Frankfort KY 40601
(502) 564-5981

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DRAFT

UST Interim Corrective Action Checklist

Date Form Completed	/ /		
1. UST Facility Information			
Agency Interest Number (AI)			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -
UST Facility Location (Coordinates)	Latitude:	Longitude:	
2. UST System Owner Information			
UST System Owner Name			
UST System Owner Mailing Address	Street Address:		
	City:	State:	Zip Code: -
UST System Owner Contact Information	Phone: () -	Alternate Phone: () -	
	Email:		
3. Property Owner Information			
Property Owner Name			
Property Owner Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Property Owner Contact Information	Phone: () -	Alternate Phone: () -	
	Email:		
4. Site-Specific Details			
Release/Incident Numbers and Dates	1.	2.	
Applicable Regulation	<input type="checkbox"/> 2018 Regulation		<input type="checkbox"/> Backlog Regulation (effective prior to 4/18/94)
Soil Screening Levels (per Classification Guide)		Groundwater Screening Levels (per Classification Guide)	
On-Site	Off-Site	On-Site	Off-Site
<input type="checkbox"/> Class A	<input type="checkbox"/> Class B Soil Matrix Table 1	<input type="checkbox"/> Groundwater Table 1	<input type="checkbox"/> Groundwater Table 1
<input type="checkbox"/> Class A Adjusted	<input type="checkbox"/> Class B Soil Matrix Table 2	<input type="checkbox"/> Groundwater Table 2	<input type="checkbox"/> Backlog Levels
<input type="checkbox"/> Class B Soil Matrix Table 1	<input type="checkbox"/> Class B Soil Matrix Table 3	<input type="checkbox"/> Groundwater Table 3	<input type="checkbox"/> Other – Variance Approved
<input type="checkbox"/> Class B Soil Matrix Table 2	<input type="checkbox"/> Backlog Levels	<input type="checkbox"/> Backlog Levels	
<input type="checkbox"/> Class B Soil Matrix Table 3	<input type="checkbox"/> Other – Variance Approved	<input type="checkbox"/> Other – Variance Approved	
<input type="checkbox"/> Backlog Levels			
<input type="checkbox"/> Other – Variance Approved			
5. Current Site Details			
Soil Contamination	Confirmed above applicable screening levels?	On-Site:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Off-Site:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Groundwater Contamination	Confirmed above applicable screening levels?	On-Site:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Off-Site:	<input type="checkbox"/> Yes <input type="checkbox"/> No

AI _____

Current Site Details (continued from Section 5)

Free product encountered? <i>(photographs provided)</i>	<input type="checkbox"/> Yes	Thickness (in): _____	<input type="checkbox"/> No
Vapors present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is site located in a carbonate bedrock or karst setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, is discussion provided? <input type="checkbox"/> Yes <i>(required)</i>
Site supplied by public water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Active or temporarily closed USTs on property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Aboveground storage tanks on property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other potential source(s) of contamination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were any monitoring wells not able to be sampled (e.g., missing, destroyed, inaccessible, etc.)?	<input type="checkbox"/> Yes <i>(photographs required)</i>	<input type="checkbox"/> No	

6. Corrective Action Implemented

Treatment Type	<input type="checkbox"/> Source Treatment	<input type="checkbox"/> Dissolved Phase Treatment
Technology Type	<input type="checkbox"/> Low Pressure Injection	Injectate Name: _____
	<input type="checkbox"/> High Pressure Injection	Injectate Name: _____
	<input type="checkbox"/> Mobile Dual-Phase Extraction (MDPE)	Comments: _____
	<input type="checkbox"/> Pump and Treat	Comments: _____
	<input type="checkbox"/> Skimming <i>(free product)</i>	Skimmer Type: _____
	<input type="checkbox"/> Vapor Mitigation	Describe: _____
	<input type="checkbox"/> Other	Describe: _____

7. Report Attachments

Interim Corrective Action Area Site Map <i>(identify specific remediation areas or locations)</i>	<input type="checkbox"/> Yes <i>(required)</i>
Pre-Implementation Site Map <i>(specific sampling locations & results)</i>	<input type="checkbox"/> Yes <i>(required)</i>
Post-Implementation Site Map <i>(specific sampling locations & results)</i>	<input type="checkbox"/> Yes <i>(required)</i>
Groundwater Potentiometric Surface Map	<input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A <i>(less than three (3) monitoring wells gauged)</i>
Contaminant Extent Maps <i>(remediation areas or locations superimposed)</i>	Soil: <input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A
	Groundwater: <input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A
Documentation applicable to remediation technology (e.g., subcontractor reports, maps, field notes, etc.)	<input type="checkbox"/> Yes <i>(required)</i>
Soil analytical table	<input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A
Groundwater analytical table	<input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A
Vapor analytical table	<input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A
Groundwater gauging data table	<input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A
Concentration versus time plots	<input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A
Groundwater elevation versus time plots	<input type="checkbox"/> Yes <i>(required)</i> <input type="checkbox"/> N/A

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Report Attachments *(continued from Section 7)*

Monitoring well construction and/or plugging records	<input type="checkbox"/> Yes <i>(required)</i>	<input type="checkbox"/> N/A
Monitoring well schematic drawings <i>(installation/repair)</i>	<input type="checkbox"/> Yes <i>(required)</i>	<input type="checkbox"/> N/A
Photographs of monitoring well installation/repair/abandonment	<input type="checkbox"/> Yes <i>(required)</i>	<input type="checkbox"/> N/A
Analytical data sheets	<input type="checkbox"/> Yes <i>(required)</i>	
Chains of custody	<input type="checkbox"/> Yes <i>(required)</i>	
Disposal manifests and/or receipts	<input type="checkbox"/> Yes <i>(required)</i>	<input type="checkbox"/> N/A
Photographs documenting field work	<input type="checkbox"/> Yes <i>(required)</i>	

8. Analytical Requirements

Narrative describing groundwater sampling and handling procedures?	<input type="checkbox"/> Yes <i>(required)</i>	<input type="checkbox"/> N/A
Trip blank analysis <i>(BTEX water samples only)</i>	<input type="checkbox"/> Yes <i>(required)</i>	<input type="checkbox"/> N/A
Field blank analysis <i>(BTEX water samples only)</i>	<input type="checkbox"/> Yes <i>(required)</i>	<input type="checkbox"/> N/A
Narrative description of any flagged, qualified, or anomalous data	<input type="checkbox"/> Yes <i>(required)</i>	

9. Decontamination and Material Management

Summary of decontamination procedures?	<input type="checkbox"/> Yes <i>(required)</i>
Summary of handling and storage of investigation derived waste?	<input type="checkbox"/> Yes <i>(required)</i>

10. Conclusions

Narrative describing interim corrective action activities	<input type="checkbox"/> Yes <i>(required)</i>
Discussion of current analytical results	<input type="checkbox"/> Yes <i>(required)</i>
Discussion of data trends for all gauging and contaminant concentration data	<input type="checkbox"/> Yes <i>(required)</i>

11. Recommendations

Discussion of future actions <i>(e.g., continued monitoring, additional wells, monitoring well repair or abandonment)</i>	<input type="checkbox"/> Yes <i>(recommendations provided – required)</i>	<input type="checkbox"/> No
No Further Action	<input type="checkbox"/> Yes <i>(recommendations provided – required)</i>	<input type="checkbox"/> No
Interim Corrective Action	<input type="checkbox"/> Yes <i>(recommendations provided – required)</i>	<input type="checkbox"/> No
Corrective Action	<input type="checkbox"/> Yes <i>(recommendations provided – required)</i>	<input type="checkbox"/> No

12. Report Certification

☐ Check here if the person completing the form is the same as the P.E. or P.G. named below.


Name of Person Completing Form			
Email		Phone Number	() -

Under the requirements of KRS Chapter 322 and 322A, this checklist and attached report shall be completed and signed by a P.E. licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors or a P.G. registered with the Kentucky Board of Registration for Professional Geologists.

AI _____

Report Certification *(continued from Section 12)*

I, the undersigned, under penalty of law, and in accordance with the provisions of KRS Chapter 322 or KRS Chapter 322A, as appropriate, hereby certify the submitted information, including all attached documents, is true, accurate and complete. KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment.

Printed		Title	
Signature		Date	/ /
<input type="checkbox"/> Professional Engineer		<input type="checkbox"/> Professional Geologist	
License Number		Registration Number	
License Date		Registration Date	

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email DEP.KORA@ky.gov.